THE INTERVIEW – GENERAL INTERVIEWING SKILLS

A Guideline for the Communication Components of the Medical Interview

These items are the performance criteria for GENERAL INTERVIEWING SKILLS.

I. Organization

- Progress through the major sections of the history in the proper sequence: (1) introduction; (2) chief complaint and history of present illness; (3) past medical history; (4) family history; (5) psycho social history; and (6) review of systems.
- · Concentrate questions on the section under immediate consideration. Avoid random lines of questioning.

II. Timeline

Obtain information pertaining to the chief complaint and HPI in a logical, systematic, and orderly progression.
Gather all necessary information, starting with the onset of signs and symptoms of the current illness and following their progression to the present time.

III. Transitional Statements

• Progress from one section of the history to another utilizing transitional statements, assuring the patient of the logic and necessity of the new line of questioning.

IV. Questioning Skills

- Ask an appropriate mix of open and closed-ended questions, allowing the patient to "tell their story" with minimal interruption, followed by focused clarification and expansion on key positive and negative points
- Ask questions and/or takes notes in a manner that results in an interview that progresses smoothly with few unnecessary delays in the dialogue. Remain focused on the conversation rather than notes.
- Do not routinely repeat questions to obtain information that has previously been provided, unless clarification or summarization of prior information is necessary.
- At the end of a specific line of inquiry (*i.e.*, history of present illness, past medical history), briefly summarize the data obtained in an effort to verify and/or clarify the information or as a precaution to assure that no important data was omitted.
- The content of questions and the information provided to the patient during the interview is concise and easily understandable; content is free of difficult medical terms and jargon. If jargon is used, the words are immediately defined for the patient.

V. Documentation of Data

• Consistently seek specificity and verification of the patient's responses, *e.g.* Patient: "I am allergic to penicillin" Interviewer: "How do you know you are allergic? What kind of reactions have you had in the past?"

VI. Rapport

- Maintain good eye contact with the patient during the interview.
- Be alert, sensitive, and responsive to concerns expressed by the patient regardless of whether such concerns (e.g., marital problems, sexual issues, stress related problems, depression) are immediately relevant to the patient's presenting complaint and problems. The student is able to incorporate questions concerning these issues appropriately into the interview and to explore them in sufficient depth.
- Provide the patient with intermittent reinforcement and feedback; e.g., an occasional smile, nodding the head in a positive manner, praising the patient for clarity in presenting information.
- At the end of the complete interview encourage the patient to discuss any additional issues or questions and provides them with an adequate opportunity to do so. (e.g., "We've discussed many things. Are there any questions you might like to ask or anything at all that you would like to bring up or discuss further?")
- At the end of the interview summarize all pertinent information for the patient, allowing them to comment on validity and completeness.